Benefit Choice Options

Teachers' Retirement Insurance Program

Department of Central Management Services
Bureau of Benefits

Effective July 1, 2005 - June 30, 2006

Rod R. Blagojevich, Governor
Michael M. Rumman, Director

Your Responsibilities

Benefit Choice Period is May 1- May 31, 2005. It is the time of year to review and/or make changes to your health benefit plan. Benefit Choice is the only time, other than a qualifying change in status, that you can change plans or add/drop dependent coverage (see 2002 Benefits Handbook).

Steps to follow to make a Benefit Choice change:

1. Read the information in this booklet. It is your responsibility to know the benefit coverages and limitations. If necessary, obtain additional information on the plan in which you are currently enrolled or in which you are considering enrolling.

Remember: There can be changes in your coverage even if you do not change plans. Specific questions regarding coverage should be directed to each respective plan administrator. Telephone numbers and web addresses are listed on page 11.

2. Make your health plan choices. Review the features below to help you make the best healthcare choices for you and your family. Enrolled dependents are covered by the same medical plan as the member. Plans differ with respect to:

- Services covered
- Deductibles, copayment levels and out-of-pocket maximums
- Geographic limitations
- Healthcare provider network

You have three (3) types of medical plans from which to choose:

- Health Maintenance Organizations (HMO) - Managed Care Health Plan
- Open Access Plan (OAP) - Managed Care Health Plan
- Teachers' Choice Health Plan (TCHP) - Indemnity Plan

Managed care plans have geographic and provider limitations. If you are interested in a managed care plan, you should carefully review the information on page 6 and the Managed Care Plans in Illinois Counties map on page 7. Network provider directories are available from each plan administrator. The TCHP is available regardless of your place of residence.

3. Complete the enclosed pre-printed change form. Only complete this form if you want to make a change to your benefits during the Benefit Choice election period. Submit the completed form to the Teachers' Retirement System (TRS) during the Benefit Choice election period that ends on May 31, 2005.

Changes to Your Benefit Elections During the Year.

You may change your benefit elections during the year only if you have a qualifying change in status (life event change) that impacts your benefit needs. You must contact TRS for a change form when one of the following events occur:

- You and/or your dependents have a change of address.
- You experience a life event change that may affect eligibility for you or your dependent(s) such as:
  - birth/adoption of a child, (enrollment for a newborn is not automatic. Contact TRS within 31 days of birth for coverage to be retroactive to birth),
  - marriage, divorce, legal separation or annulment,
  - death of spouse or dependent.
- You or your enrolled dependents become eligible for other group insurance coverage including Medicare, or gain other coverage during the plan year. Provide a copy of the insurance or Medicare card to TRS as soon as possible.

Important Benefit Changes For Fiscal Year 2006 effective July 1, 2005

The information below represents changes to the Teachers' Retirement Insurance Program (TRIP). Carefully review all the information in this Benefit Choice Options Booklet. **This Booklet contains updates to the TRIP Benefits Handbook.** You should review this publication each year to be aware of changes in the benefits available. Benefit Choice is May 1 - May 31, 2005. **All selections made during Benefit Choice will be effective July 1, 2005.**

Changes that affect all Health Plans

Monthly Premiums - Monthly premiums have changed, see page 3 for information.

Medicare Part D - The Federal prescription drug plan benefit will be available January 1, 2006. Affected individuals will be contacted by their health plan administrator prior to the Medicare Part D Open Enrollment Period (November 2005).

Changes specific to Managed Care Health Plans (HMO/OAP)

Managed Care Health Plans - The plans that were available last year continue to be available. Stephenson County has been changed to a "Managed Care Available" status. See the Monthly Premium Information on page 3.

Managed Care Health Plans are responsible for sending their own marketing material. If you need specific information, contact the plan directly or visit **www.benefitschoice.il.gov** for information and links to the Managed Care Health Plan websites. For additional information, see pages 5-7.

Prescription Drug Benefit for Managed Care Health Plans - Prescription copayments have not changed.

The new Prescription Drug Plan Administrator is Medco Health Solutions for plan participants enrolled in HealthLink OAP or Health Alliance Illinois. A new prescription identification card will be mailed to plan participants in June. Medco is working with Caremark to transfer current mail order prescriptions. However, certain prescriptions cannot be transferred. Therefore, you may need to obtain a new prescription from your doctor. If your prescription cannot be transferred to Medco from Caremark, you will be notified.

Plan participants enrolled in one of the following managed care health plans: Health Alliance HMO, PersonalCare, HMO Illinois, OSF Health Plans or Unicare HMO, contact the managed care health plan directly for prescription information. See page 11 for Plan Administrator information.

Changes specific to the Teachers' Choice Health Plan (TCHP)

Prescription Drug Benefit for TCHP - A $1,250 annual out-of-pocket prescription maximum now applies. See page 4 for details.

The new Prescription Drug Plan Administrator is Medco Health Solutions, see page 4 for details. A new prescription identification card will be mailed to plan participants in June. Medco is working with Caremark to transfer current mail order prescriptions to Medco's mail order pharmacy, see page 4 for details.

Medical Annual Out-of-Pocket Maximum - is now $1000.

The TCHP Hospital Preferred Provider Organizations (PPO) - The list continues to be available online at: **http://provider.healthcare.cigna.com/soi.html**

The CIGNA HealthCare PPO Network - The participating provider list continues to be available online at: **http://provider.healthcare.cigna.com/soi.html**

Keep Up-to-Date on Details

To make sure you are provided with the most up-to-date information, you should periodically review the following:

- Annual Benefit Choice Booklet which details changes affecting all benefit programs each plan year.
- Information from the plan administrators in which you are currently enrolled or considering enrollment.
- Contact your Health Plan Administrator's Prescription Benefit Manager for detailed information on the Preferred Drug List. It is subject to change during the plan year without notice.

Monthly Premium Information

Your monthly premium is based upon the type of coverage you select and your permanent residence on file with TRS. **Corrections to eligibility that result in a premium change will only be processed up to six months retroactively. There are no exceptions to this policy.**

Type of Plan	Not Medicare Primary Under Age 23	Not Medicare Primary Age 23-64	Not Medicare Primary Age 65 & Above	Medicare Primary All Ages
Benefit Recipient Enrolled in any managed care plan	$49.49	$153.68	$209.92	$60.11
Benefit Recipient Enrolled in TCHP when a managed care plan is available in their county of residence	$122.42	$362.13	$557.96	$157.55
Benefit Recipient Enrolled in TCHP when a managed care plan is not available in their county of residence	$61.21	$181.07	$278.98	$78.77
Dependent Beneficiary Enrolled in any managed care plan	$197.97	$614.71	$839.69	$212.21
Dependent Beneficiary Enrolled in TCHP when a managed care plan is available in their county of residence	$244.84	$724.26	$1,115.91	$315.10
Dependent Beneficiary Enrolled in TCHP when a managed care plan is not available in their county of residence	$244.84	$724.26	$1,115.91	$236.33

Frequently Asked Questions (FAQs) about Benefits

1) Do Dependent Beneficiaries receive a premium subsidy?

Medicare Primary Dependent Beneficiaries, enrolled in a managed care plan or in the TCHP when no managed care plan is available, receive a premium subsidy. See premium table above.

2) Do I get a new medical and prescription drug identification card every plan year?

The only times you will receive an identification card are when you first enroll in the plan, if you change plans, if the plan administrator changes or if you request new cards. **As the plan administrator for the prescription drug program has changed, you will receive a new prescription drug identification card from Medco.**

If you lose your identification card(s), contact the health and/or prescription drug plan administrator for replacement card(s).

3) What if I want to terminate either my or my enrolled dependents' coverage under TRIP?

Notify TRS in writing of your decision to terminate coverage. Cancellation will be effective the first of the month following receipt of the request. **You can only re-enroll yourself or your dependent upon turning 65 or if your coverage is terminated by your existing plan.**

4) What should I, or my dependent, do when we turn 65 or become eligible for Medicare due to a medical condition (Medicare Disability or Medicare ESRD)?

You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. If you or your dependent are actively working and eligible for Medicare or you have additional questions about this requirement, contact the Group Insurance Division, Medicare COB Unit. See page 11 for contact information.

TCHP Prescription Drug Plan

Medco is the new Prescription Drug Plan Administrator. The coverage provides both in-network and out-of-network benefits. Most drugs purchased with a prescription from a physician or dentist are covered. No over-the-counter drugs will be covered, even if purchased with a prescription. The Preferred Drug List is available from Medco and is subject to change at any time during the plan year. **Please review the Preferred Drug List and contact your physician to determine if a change in your prescription is appropriate.** To contact Medco, see page 11.

Annual Out-of-Pocket Maximum

For In-Network Benefits and the Mail Service Program, an annual out-of-pocket maximum of $1,250 now applies. Out-of-network claims do not count towards the annual out-of-pocket maximum.

In-Network Benefits - When using the Prescription Drug Identification Card:

– No plan year deductibles; no claim forms to file.

– 20% coinsurance with minimum and maximum copayments (1 to 30-day supply):

Type of Prescription	Minimum	Maximum
• Generic	$ 7.00	$ 50.00
• Formulary Brand	$14.00	$100.00
• Non-Formulary Brand	$28.00	$150.00

– The maximum days supply available at one fill is 60 days. The copayment/coinsurance amount will double.

– When the pharmacy dispenses a brand drug for any reason, and a generic is available, the plan participant must pay the cost difference between the brand product and the generic product, plus the appropriate generic copayment/coinsurance amount.

– If only a brand drug is available, the appropriate brand copayment/coinsurance will apply.

– When the price of a prescription is lower than the copayment, the pharmacist will collect the lower amount.

When medication is purchased at an in-network pharmacy without presentation of the Prescription Drug Identification Card, you will be charged the full retail cost of the medication. The claim will be processed as if the prescription was filled at an out-of-network pharmacy (see Out-of-Network Benefits).

Out-of-Network Benefits

Prescription drugs may be purchased at out-of-network pharmacies. Reimbursement will be at the applicable brand or generic **in-network** price minus the appropriate in-network copayment/coinsurance amount. In most cases, the cost of the prescription drugs will be higher when not using in-network pharmacies. Prescriptions filled by an out-of-network pharmacy will require the completion of a claim form (available from Medco) and supporting documentation.

Mail Service Program

Maintenance medications are available through mail order:

– 20% coinsurance with minimum and maximum copayments (90-day supply):

Type of Prescription	Minimum	Maximum
• Generic	$14.00	$100.00
• Formulary Brand	$28.00	$200.00
• Non-Formulary Brand	$56.00	$300.00

Medco is working with Caremark to transfer current mail order prescriptions. However, certain prescriptions cannot be transferred. Therefore, you may need to obtain a new prescription from your doctor. If your prescription cannot be transferred to Medco from Caremark, you will be notified.

Coordination of Benefits

This Plan coordinates with Medicare and other group plans; the appropriate copayment/coinsurance will be applied for each prescription filled.

Exclusions

The Plan reserves the right to exclude or limit coverage of specific prescription drugs or supplies.

Health Plan Comparison

Benefit	TCHP	HMO	OAP Tier I	OAP Tier II	OAP Tier III (Out-of-Network)
Plan Year Maximum Benefit	$2,000,000	Unlimited	Unlimited	Unlimited	$1,000,000
Lifetime Maximum Benefit	$2,000,000	Unlimited	Unlimited	Unlimited	$1,000,000
Patient Responsibilities					
Annual Out-of-Pocket Maximum • Per Enrollee	**General:** $1,000 per enrollee **Non-PPO:** $4,000 per enrollee	$1500	Not Applicable	$600	$1,500
Other Deductibles/Copayments: **Emergency Room** **Non-PPO/Out-of-Network Hosp.Adm.**	$250 $250	$100 No Coverage	$100 See Tier III for benefit level	$100 + 10% Network Charges See Tier III for benefit level	$100 + 20% of U&C $300 + 20% of U&C
Annual Plan Deductible *Must be satisfied for all services*	$250 TCHP Primary Participant (Non-Medicare) $250 Medicare Primary Participant	$0	$0	$200 Per Enrollee	$300 Per Enrollee
Plan Benefit Levels Comparison*					
Inpatient	80% - PPO 70% or 60% Non-PPO	$150 copayment	$150 copayment	90% of network charges after $200 copayment	80% of U&C after $300 copayment
Outpatient Surgery	80% for PPO Network Provider	100%	100%	90% of network charges	80% of U&C
Diagnostic Lab & X-ray	80% of U&C	100%	100%	90% of network charges	80% of U&C
Durable Medical Equipment	80% of U&C	80% of network charges	100% of network charges	90% of network charges	80% of U&C
Physician Office Visit	80% PPO 60% of U&C Non-PPO	$10 copayment	$10 copayment	90% of network charges	80% of U&C
Preventive Services	80% or 100% for specific services	$10 copayment	$10 copayment	90% of network charges	Covered In-Network Only
Prescription Drug Benefit Examples for TCHP*					
Generic Drug	If the cost of the prescription drug is $300.00, 20% of the cost is $60.00. However, the maximum copayment for a generic drug is $50.00 which is your out-of-pocket amount.				
Formulary Drug	If the cost of the prescription is $300, the 20% coinsurance is $60.00. The maximum copayment amount is $100.00 for a formulary drug. However, the 20% is less than $100.00. Therefore, your out-of-pocket amount is $60.00.				

***Note: Benefit levels and examples are general guidelines for comparison purposes only. Contact the plan administrator for specific benefit levels and coverage details.**

Managed Care Plans

There are 7 managed care plans from which to choose. Plans include Health Maintenance Organizations (HMOs) and an Open Access Plan (OAP). All offer comprehensive benefit coverage.

There are distinct advantages to selecting a managed care health plan – namely, lower out-of-pocket costs and virtually no paperwork. Like any health plan option, managed care has its limitations including geographic availability and limited provider networks. If you are considering a managed care plan you should explore and research the various plans available. Benefits are subject to the limitations outlined in the plan's Summary Plan Document. Contact the managed care health plan administrator listed on page 11 for detailed information concerning the various levels of coverage provided.

Health Maintenance Organizations (HMOs)

HMOs operate on an in-network structure. Members select a Primary Care Physician (PCP) from the network of participating providers. In conjunction with the health plan, the PCP directs all healthcare services for the member, including visits to specialists and hospitalizations. When care is coordinated through the PCP, the member pays only a predetermined copayment. There are no annual plan deductibles for HMO plans.

Open Access Plan (OAP)

The plan is unique because it offers three benefit levels:

Tier I - offers the highest level of benefits - often 100% after a copayment if you use a Tier I network provider.

Tier II - generally pays at 90%, after you pay a deductible, if you use a Tier II network provider.

Tier III - gives you the flexibility of using an out-of-network provider. Benefits are generally paid at 80% of the usual and customary charges after you pay a deductible.

The plan provider directory contains separate listings of providers in the Tier I and Tier II networks so that you will know in advance the level of benefits you will receive. Another advantage of selecting the network providers is that they have met strict accreditation standards.

Important Reminders About Managed Care Plans

Provider Network Changes: Managed care plan provider networks are subject to change. **Always call the respective plan to verify participation of particular providers** - even if the information is printed in the plan's directory.

PCPs Leaving a Network: If your PCP leaves the managed care plan's network, you have three options: 1) choose another PCP within that plan; 2) change managed care plans; or 3) enroll in the Teachers' Choice Health Plan. The opportunity to change plans applies **only to PCPs leaving the network.** It does not apply to specialists or women's healthcare providers who are not designated as PCPs.

Out-of-County Managed Care Plans: If you are interested in enrolling in a managed care plan that is not available in your county of residence, contact the plan directly for more information.

Dependents: Eligible dependents who live apart from your residence for any part of a plan year may be subject to limited service coverage. It is critical to contact the managed care plan that you are considering to understand the plan's guidelines on this type of coverage.

June/July Hospitalizations: If you change health plans and you or your dependents are hospitalized in June, it is recommended you contact both your current plan/PCP and future plan/PCP well in advance.

Plan Year Limitations: Certain managed care plans may provide benefit limitations on a **calendar year.** In certain situations, the State's plan year may not coincide with the managed care plan's year.

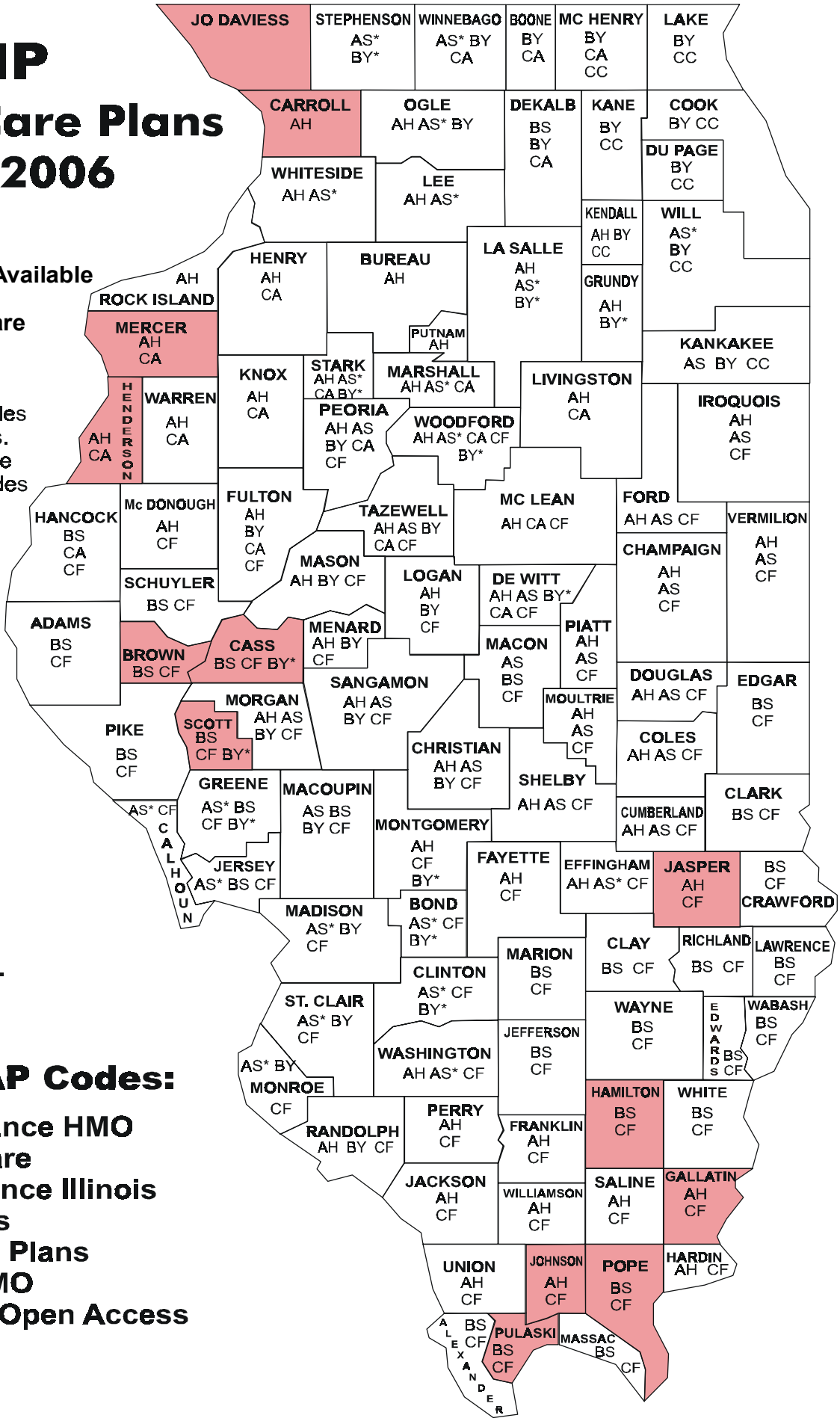
Transition of Services: If you know you are switching plans and you or your dependents are involved in an ongoing course of treatment or have entered the third trimester of pregnancy, it is imperative that you contact the new plan to coordinate the transition of services for your care.

TRIP
Managed Care Plans For FY 2006

Managed Care Available

No Managed Care Available *

The key below indicates the two-letter carrier codes for HMO and OAP plans. Plans are available in the counties where their codes appear.



*** If an asterisk appears by one of the managed care plans, it means the plan is new to that county.**

HMO and OAP Codes:

AH = Health Alliance HMO
AS = PersonalCare
BS = Health Alliance Illinois
BY = HMO Illinois
CA = OSF Health Plans
CC = UniCare HMO
CF = HealthLink Open Access

The Teachers' Choice Health Plan (TCHP)

TCHP is a medical indemnity plan which offers a comprehensive range of benefits. The TCHP Medical Plan Administrator is CIGNA. Under TCHP, you choose any physician or hospital for general or specialty medical services, and receive enhanced benefits by using a TCHP Preferred Provider Organization (PPO) hospital, the CIGNA Healthcare PPO Network of providers and facilities. Intracorp is the TCHP Notification Administrator/Medical Case Management Administrator. Magellan Behavioral Health is the TCHP Behavioral Health Administrator and is the Notification Administrator for mental health/substance abuse services. Medco Health Solutions is the Prescription Drug Plan Administrator. See page 11 for Plan Administrator information.

TCHP - Avoiding Monetary Penalties Through Notification

Notification is your telephone call to the Notification Administrators, informing them of an upcoming admission to a facility such as a hospital or skilled nursing facility, for a specified outpatient procedure, and for all levels of care for mental health/substance abuse services. Notification is your responsibility and avoids monetary penalties and maximizes your benefits.

There are certain situations where you must call the Notification Administrators to avoid a $1,000 penalty and the risk of incurring non-covered charges for services not considered medically necessary. Examples may include an upcoming admission to the hospital (including a planned admission as well as an emergency or urgent admission) or skilled nursing facility, or if you are having certain procedures performed, such as surgery, whether emergency or non-emergency, an outpatient MRI, PET, SPECT and CAT scan, potential transplant procedure and infertility treatment.

Please review pages 34-35 and 51-53 of your 2002 Benefits Handbook for further details. See page 11 of this booklet for Plan Administrator information.

TCHP- Hospital Preferred Provider Organizations (PPO)

A network of hospitals is available and provides an enhanced benefit of 80% by using a participating network provider. The network includes hospitals statewide. The Hospital PPO List is available at CIGNA's website. See page 11 for information.

TCHP- CIGNA HealthCare PPO Networks

TCHP non-Medicare members have available **nationwide** CIGNA HealthCare PPO providers, hospitals and facilities. An 80% benefit for professional fees, hospitals and facilities is available by using a participating network provider. Access the participating provider list at CIGNA's website. If you have additional questions contact CIGNA, see page 11. The questions and answers below provide more information about this benefit feature.

How do I access services from a CIGNA HealthCare PPO Network provider?

Just make an appointment with a network provider and present your TCHP identification card at the time of service.

What if I do not use a CIGNA HealthCare PPO Network provider?

The benefit is reduced to the 60% level.

NOTICE OF PRIVACY PRACTICES

For Individuals Enrolled in the Teachers' Choice Health Plan (TCHP)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The State of Illinois, Department of Central Management Services, Bureau of Benefits (Bureau) is charged with the administration of the self-funded plans available through the State Employees Group Insurance Act including the TCHP. The term "we" in this Notice means the Bureau and our Business Associates (health plan administrators).

We are required by federal and state law to maintain the privacy of your Protected Health Information (PHI). We are also required by law to provide you with this Notice of our legal duties and privacy practices concerning your PHI. For uses and disclosures not covered by this Notice, we will seek your written authorization. You may revoke an authorization at any time; however, the revocation will only affect future uses or disclosures.

The Bureau contracts with Business Associates to provide services including claim processing, utilization review, behavioral health services and prescription drug benefits. You may not have coverage with all of the Business Associates. These Business Associates receive health information protected by the privacy requirements of the Health Insurance Portability and Accountability Act and act on behalf of the Bureau in performing their respective functions. When we seek help from individuals or entities who are not part of the Bureau in our treatment, payment, or health care operations activities, we require those persons to follow this Notice unless they are already required by law to follow the federal privacy rule. CIGNA HealthCare is the Medical Plan Administrator. Intracorp (a CIGNA HealthCare Affiliate) is the Notification and Medical Case Management Administrator. Medco Health Solutions is the Prescription Drug Plan Administrator. Magellan Behavioral Health is the Behavioral Health Administrator. If you have insured health coverage, such as an HMO, you will receive a notice from the HMO regarding its privacy practices.

How We May Use or Disclose Your PHI:

Treatment: We may use or disclose PHI to health care providers who take care of you. For example, we may use or disclose PHI to assist in coordinating health care or services provided by a third party. We may also use or disclose PHI to contact you and tell you about alternative treatments, or other health-related benefits we offer. If you have a friend or family member involved in your care, with your express or implied permission, we may give them PHI about you.
Payment: We use and disclose PHI to process claims and make payment for covered services you receive under your benefit plan. For example, your provider may submit a claim for payment. The claim includes information that identifies you, your diagnosis, and your treatment.
Health Care Operations: We use or disclose PHI for health care operations. For example, we may use your PHI for customer service activities and to conduct quality assessment and improvement activities.
Appointment Reminders: Through a Business Associate, we may use or disclose PHI to remind you of an upcoming appointment.

Legal Requirements:

We may use and disclose PHI **as required or authorized by law**. For example, we may use or disclose your PHI for the following reasons.

Public Health: We may use and disclose PHI to prevent or control disease, injury or disability, to report births and deaths, to report reactions to medicines or medical devices, to notify a person who may have been exposed to a disease, or to report suspected cases of abuse, neglect or domestic violence.
Health Oversight Activities: We may use and disclose PHI to state agencies and federal government authorities when required to do so. We may use and disclose your health information in order to determine your eligibility for public benefit programs and to coordinate delivery of those programs. For example, we must give PHI to the Secretary of Health and Human Services in an investigation into compliance with the federal privacy rule.
Judicial and Administrative Proceedings: We may use and disclose PHI in judicial and administrative proceedings. In some cases, the party seeking the information may contact you to get your authorization to disclose your PHI.
Law Enforcement: We may use and disclose PHI in order to comply with requests pursuant to a court order, warrant, subpoena, summons, or similar process. We may use and disclose PHI to locate someone who is missing, to identify a crime victim, to report a death, to report criminal activity at our offices, or in an emergency.
Avert a Serious Threat to Health or Safety: We may use or disclose PHI to stop you or someone else from getting hurt.
Work-Related Injuries: We may use or disclose PHI to workers' compensation or similar programs in order for you to obtain benefits for work-related injuries or illness.
Coroners, Medical Examiners, and Funeral Directors: We may use or disclose PHI to a coroner or medical examiner in some situations. For example, PHI may be needed to identify a deceased person or determine a cause of death. Funeral directors may need PHI to carry out their duties.
Organ Procurement: We may use or disclose PHI to an organ procurement organization or others involved in facilitating organ, eye, or tissue donation and transplantation.
Release of Information to Family Members: In an emergency, or if you are not able to provide permission, we may release limited information about your general condition or location to someone who can make decisions on your behalf.
Armed Forces: We may use or disclose the PHI of Armed Forces personnel to the military for proper execution of a military mission. We may also use and disclose PHI to the Department of Veterans Affairs to determine eligibility for benefits.
National Security and Intelligence: We may use or disclose PHI to maintain the safety of the President or other protected officials. We may use or disclose PHI for national intelligence activities.
Correctional Institutions and Custodial Situations: We may use or disclose PHI to correctional institutions or law enforcement custodians for the safety of individuals at the correctional institution, those who are responsible for transporting inmates, and others.
Research: You will need to sign an authorization form before we use or disclose PHI for research purposes except in limited situations where special approval has been given by an Institutional Review or Privacy Board. For example, if you want to participate in research or a clinical study, an authorization form must be signed.
Fundraising and Marketing: We do not undertake fundraising activities. We do not release PHI to allow other entities to market products to you.
Plan Sponsors: Your employer is not permitted to use PHI for any purpose other than the administration of your benefit plan. If you are enrolled

through a unit of local government, we may disclose summary PHI to your employer, or someone acting on your employer's behalf, so that it can monitor, audit or otherwise administer the employee health benefit plan that the employer sponsors and in which you participate.

Illinois Law: Illinois law also has certain requirements that govern the use or disclosure of your PHI. In order for us to release information about mental health treatment, genetic information, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign an authorization form unless Illinois law allows us to make the specific type of use or disclosure without your authorization.

Your Rights:

You have certain rights under federal privacy laws relating to your PHI. To exercise these rights, you must submit your request in writing to the appropriate plan administrator. These plan administrators are as follows:

For the Medical Plan Administrator and Notification/Medical Case Management:

CIGNA HealthCare, Privacy Office
P.O. Box 5400
Scranton, PA 18503
800-762-9940

For Pharmacy Benefits:

Medco Health Solutions, Privacy Services Unit
P.O. Box 800
Franklin Lakes, NJ 07417
800-987-5237

For Behavioral Health Benefits:
Magellan Behavioral Health, Privacy Officer
1301 E. Collins Blvd.
Suite 100
Richardson, TX 75081
800-513-2611

Restrictions: You have a right to request restrictions on how your PHI is used for purposes of treatment, payment and health care operations. We are not required to agree to your request.

Communications: You have a right to receive confidential communications about your PHI. For example, you may request that we only call you at home or that we send your mail to another address. If your request is put in writing and is reasonable, we will accommodate it. If you feel you may be in danger, just tell us you are "in danger" and we will accommodate your request.

Inspect and Access: You have a right to inspect information used to make decisions about you. This information includes billing and medical record information. You may not inspect your record in some cases. If your request to inspect your record is denied, we will send you a letter letting you know why and explaining your options.

You may copy your PHI in most situations. If you request a copy of your PHI, we may charge you a fee for making the copies. If you ask us to mail your records, we may also charge you a fee for mailing the records.

Amendment of your Records: If you believe there is an error in your PHI, you have a right to make a request that we amend your PHI. We are not required to agree with your request to amend. We will send you a letter stating how we handled your request.

Accounting of Disclosures: You have a right to receive an Accounting of Disclosures that we have made of your PHI for purposes other than treatment, payment, and health care operations, or disclosures made pursuant to your authorization. We may charge you a fee if you request more than one Accounting in a 12-month period.

Copy of Notice and Changes to the Notice: You have a right to obtain a paper copy of this Notice, even if you originally obtained the Notice electronically. We are required to abide with terms of the Notice currently in effect; however, we may change this Notice. Changes to the Notice are applicable to the health information we already have. If we materially change this Notice, you will receive a new Notice within sixty (60) days of the material change. You can also access a revised Notice on our website at "http://www.state.il.us/cms/2_servicese_ben/privpracs.htm".

Complaints: If you feel that your privacy rights have been violated, you may file a complaint by contacting the Privacy Officer of the respective Plan Administrator. If the Privacy Officer does not handle your complaint or request adequately, please contact the Central Management Services, Privacy Officer, Department of Central Management Services, 401 South Spring, Room 720, Springfield, Illinois 62706, 217-782-9669. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, D.C. if you feel your privacy rights have been violated.

EFFECTIVE DATE: July 1, 2005

Who to call for information...Plan Administrators

Plan Component	Contact For:	Plan Administrator's Name and Address	Customer Service Phone Numbers and Web Site Address
Teachers' Choice Health Plan (TCHP) Medical Plan Administrator	Medical service information, claim forms, ID cards, claim filing/resolution, and pre-determination of benefits.	**CIGNA** Group Number 2457482 CIGNA HealthCare P.O. Box 5200 Scranton, PA 18505-5200	(800) 962-0051 (nationwide) (800) 526-0844 (TDD/TTY) http://provider.healthcare.cigna.com/soi.html
TCHP Notification and Medical Case Management Administrator	Notification prior to hospital services. Non-compliance penalty of $1,000 applies.	**Intracorp, Inc.** (no address required)	(800) 962-0051 (nationwide) (800) 526-0844 (TDD/TTY) http://provider.healthcare.cigna.com/soi.html
Prescription Drug Plan Administrator	Information on prescription drug coverage, pharmacy network, mail order drug, specialty pharmacy, ID cards and claim forms filing.	**Medco** Group Number: 1402, 1402BS, 1402CF **Paper Claims:** Medco Health Solutions P.O. Box 2080 Lee's Summit, MO 64063 - 2080 **Mail Order Prescriptions:** Medco P.O. Box 30493 Tampa, FL 33630 - 3493	(800) 899-2587 (nationwide) (800) 759-1089 (TDD/TTY) **Prior to July 1, 2005:** www.benefitschoice.il.gov **After July 1, 2005:** www.medco.com
TCHP Behavioral Health Administrator	Notification, authorization, claim forms and claim filing/resolution for behavioral health services.	**Magellan Behavioral Health** Group Number 2457482 P.O. Box 2216 Maryland Heights, MO 63043	(800) 513-2611 (nationwide) (800) 526-0844 (TDD/TTY) www.MagellanHealth.com
General Information	General information on the TRIP health plans including Medicare COB issues.	**CMS Group Insurance Division** P.O. Box 19208 201 E. Madison Street Springfield, IL 62794-9208	(217) 782-2548 (800) 442-1300 (800) 526-0844 (TDD/TTY) www.benefitschoice.il.gov
	General eligibility and enrollment information.	**Teachers' Retirement System (TRS)** 2815 West Washington P.O. Box 19253 Springfield, IL 62794-9253	(800) 877- 7896 (217) 753 -0329 (TDD/TTY)

Healthcare Plan Name/Administrator	Toll-Free Telephone Number	TDD / TTY Number	Web Site Address
Health Alliance HMO	(800) 851-3379	(217) 337-8137	www.healthalliance.org
Health Alliance Illinois	(800) 851-3379	(217) 337-8137	www.healthalliance.org
HealthLink OAP	(800) 624-2356	(800) 624-2356, ext 6280	www.healthlink.com
HMO Illinois	(800) 868-9520	(800) 888-7114	www.bcbsil.com/stateofillinois
OSF Health Plans	(888) 716-9138	(888) 817-0139	www.osfhealthplans.com
PersonalCare	(800) 431-1211	(217) 366-5551	www.personalcare.org
Unicare HMO	(888) 234-8855	(312) 234-7770	www.unicare.com

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